

**MONTANA BOARD OF CHIROPRACTORS**  
**PO BOX 200513**  
**(301 S PARK, 4TH FLOOR - Delivery)**  
**HELENA, MONTANA 59620-0513**  
**PHONE: (406) 444-6880 FAX (406) 841-2305**  
**EMAIL: [UnitA@mt.gov](mailto:UnitA@mt.gov) WEBSITE: [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)**

**REQUEST TO CONVERT AN INACTIVE OR EXPIRED LICENSE TO ACTIVE STATUS**

Please reactivate Montana Chiropractic license number: \_\_\_\_\_

Name of Licensee: \_\_\_\_\_

A fee of \$100.00 and proof of 13 credits of continuing education, completed in the previous 12 months is required for reactivation of this Montana Chiropractic license.

[24.126.701](#) INACTIVE STATUS AND CONVERSION TO ACTIVE STATUS

My signature below attests I am not licensed in any other jurisdictions (check box below) **or** I have requested verification of licensure from all other jurisdictions I am or have been licensed as a Chiropractor to be sent to the Montana Board of Chiropractors office. False statements or failure to provide verification of licensure may result in disciplinary action.

☐ I am not licensed as a Chiropractor in any other jurisdiction.

**Business Address:**

Name of Practice \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Work \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Home Address:**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Enclosed:

☐ \$100.00 Fee

☐ Proof of 13 hours of CE completed in the previous 12 months